



In re Application of:

KEITA OSHIMA

Application No.: 09/447,307

Filed: November 23, 1999

For: IMAGE FORMING APPARATUS FOR PER-
MITTING IMAGE FORMATION IN
ACCORDANCE WITH IMAGE ATTRIBUTE,
AND CONTROL METHOD THEREFOR

MAIL STOP AMENDMENT
COMMISSIONER FOR PATENTS
P.O. Box 1450
Alexandria, VA 22313-1450

Docket No. 03500.014054

Examiner: A. G. Evans

Group Art Unit: 2622

Confirmation No.: 3655

Date: June 24, 2004

RECEIVED

JUN 29 2004

Technology Center 2600

Sir:

Transmitted herewith is an Amendment in the above-identified application.

☒ No additional fee is required.

The fee has been calculated as shown below

CLAIMS AS AMENDED						
	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NO. PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDITIONAL FEE
TOTAL CLAIMS	20	MINUS	20	0	x \$9 \$18	\$ 0.00
INDEP. CLAIMS	9	MINUS	9	0	x \$43 \$86	0.00
Fee for Multiple Dependent claims \$145/\$290						
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT---						0.00

☐ *Verified Statement claiming small entity status is enclosed, if not filed previously.

☐ A check in the amount of \$_____ is enclosed.

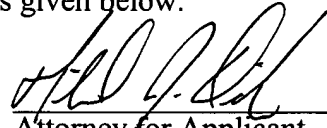
☐ Charge \$____ to Deposit Account No. 06-1205. A duplicate of this sheet is enclosed.

☒ Any prior general authorization to charge an issue fee under 37 C.F.R. 1.18 to Deposit Account No. 06-1205 is hereby revoked. The Commissioner is hereby authorized to charge any additional fees under 37 C.F.R. 1.16 and 1.17 which may be required during the entire pendency of this application, or to credit any overpayment, to Deposit Account No. 06-1205. A duplicate of this paper is enclosed.

☐ A check in the amount of \$____ to cover the fee for a ____ month extension is enclosed.

☐ A check in the amount of \$____ to cover the Information Disclosure Statement fee is enclosed.

☒ Applicant's undersigned attorney may be reached in our Washington office by telephone at (202) 530-1010. All correspondence should be directed to our address given below.



Attorney for Applicant
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Reg. No. 55,112

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